

a

AM-203-3-2

m Sick Leave Donation Authorization Form

I, _____ wish to donate _____ of my sick
leave days to (*Name of Recipient*) _____.

I understand that the transfer of sick leave days in accordance with the Sick Leave Donation Program, AM-203-3, is strictly a donation. Sick leave days may not be donated in exchange for cash or other remuneration.

Sick leave donations will be transferred from my life-to-date sick leave balance to the recipient's sick leave account. This action will have no impact on my eligibility for the annual sick leave conversion, according to AM-205-2. Once the Board of Estimates approves the transfer of days to the recipient, the sick days are irrevocable transfers.

I hereby authorize the Central Payroll Division, Department of Finance, to deduct from my sick leave balance the number of days indicated above to be used as sick leave by the recipient named above.

Signature

Date

Print name

Social Security # _____

Dept/Payroll Location Codes _____ # of Days to be Donated _____